

Maryland Higher Education Commission
Office of Student Financial Assistance
6 N. Liberty Street, Ground Suite
Baltimore, MD 21201
Phone: (410) 767-3300; Fax: (410) 332-0250
TTY for the Deaf - (800) 735-2258
Email: osfamail.mhec@maryland.gov
http://www.mhec.maryland.gov/

**Maryland Loan Assistance Repayment Program (MLARP)
for Foster Care Recipients
Institutional Certification Form
Award Year 2022-2023**

Section A – Release of Information (To be completed by the applicant)

If you wish, you may obtain an official transcript from the institution or documentation from the National Student Clearinghouse in place of this form, provided the transcript/documentation lists the degree you received and the date you received it.

1. Social Security Number: _____ - _____ - _____ Date of birth: _____
2. Last name: _____ First name: _____ MI: _____
Previous name under which records may be kept: _____
3. Permanent mailing address: _____
City: _____ State: _____ Zip code: _____

I authorize my institution to provide the educational information you requested.

Applicant's signature

Date

Section B - Degree Certification (To be completed by institution)

The above named applicant has applied for the Maryland Loan Assistance Repayment Program for Foster Care Recipients with the Office of Student Financial Assistance. Please complete the following section and **return it to the applicant**.

Degree received: _____ Major: _____

Date of graduation: _____ Name of institution: _____

Signature of official: _____

Date

Printed name of official: _____

Title

E-mail address: _____

Please affix official school/university seal here:

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**Maryland Loan Assistance Repayment Program (MLARP)
for Foster Care Recipients
Employment Verification Form
Award Year 2022-2023**

Section A – Release of Information (To be completed by the applicant)

Social Security Number: _____ - _____ - _____ Date of birth: ____/____/____

Last name: _____ First name: _____ MI: _____

Address: _____

City: _____ State: _____ Zip code: _____

I authorize my employer to provide the employment information the Office of Student Financial Assistance requested.

Applicant's signature

Date

Section B – Employment (To be completed by employer)

The above named employee has applied for the Maryland Loan Assistance Repayment Program for Foster Care Recipients with the Office of Student Financial Assistance. **Please complete the following section and return it to the employee.**

Job title of employee: _____ Dates of employment: _____

Employment status: Full-time Part-time Number of hours worked per week: _____

Name of organization: _____

Address: _____ City: _____ State: _____ Zip code: _____

I certify that the information provided above is true and complete to the best of my knowledge.

Signature of Employer Representative

Date

Printed name: _____

Title: _____

Telephone number:(_____) _____

E-mail: _____

This form must be returned by December 1, 2022 to MHEC by email at careerbased.mhec@maryland.gov